REQUEST FOR APPROVAL TO LEASE SPACE

PROPOSAL TO NEGOTIATE (FOR 4,999 SQ. FT. OF USABLE SPACE AND UNDER) REQUEST MUST BE ACCOMPANIED BY A 1/4" OR 1/8" SCALE, FULLY DIMENSIONED FLOOR PLAN OF THE SPACE TO BE OCCUPIED. IF PLAN INCLUDES MORE THAN ONE AREA TO BE OCCUPIED, AREA OF OCCUPANCY MUST BE CLEARLY IDENTIFIED ON THE PLAN. EACH AREA/ROOM/OFFICE MUST BE CLEARLY MARKED WITH ITS INTENDED USE. THE FLOOR PLANS MUST ALSO DEPICT ALL PROPOSED CONDITIONS SUCH AS WALLS, WINDOWS, DOORS, MECHANICAL ROOMS, ELEVATORS, ENTRYWAYS AND EXITS. A DETAILED SITE PLAN MUST ALSO BE SUBMITTED WHICH WILL DEPICT THE PARKING AREA TO BE USED BY THE AGENCY AND MUST BE IN SUCH DETAIL AS TO INDICATE THE LAYOUT OF THE PARKING AREA, NUMBER OF PARKING SPACES, EXITS AND ENTRANCES INTO THE PARKING AREAS, PROPERTY LINES, RIGHTS-OF-WAY, SERVITUDES, SIDEWALKS AND BORDERING STREETS.

DEFINITIONS:

<u>USABLE SPACE</u>: Usable space is the floor area occupied by the Lessee <u>excluding</u> exterior walls, equipment rooms (mechanical, electrical, telephone, and other building system rooms), dedicated corridors, main lobbies, entrances, rest rooms, common space, stairwells, and elevators. The area is measured from the interior face of the exterior wall to the interior face of the wall defining the usable space. Usable space <u>does include</u> required internal circulation. (SEE ILLUSTRATIONS ATTACHED).

<u>OFFICE SPACE</u>: Office space is space required by the agency for use as offices, work stations, reception areas, conference rooms, storage, break areas, etc.

<u>INTERNAL CIRCULATION:</u> Internal circulation is any space used for circulation within the area designed for the agency such as corridors leading to offices and other spaces, pathways around desks or work stations, etc. <u>that would be used only by that agency.</u> (SEE ILLUSTRATIONS ATTACHED).

MAIL TO:

Division of Administration Facility Planning and Control Real Estate Leasing Section Post Office Box 94095 Baton Rouge, Louisiana 70804-9095

if applicable)

FUNCTIONS LOCATION:	TO BE PERFORMED OR SERVICES TO BE PROVIDED A	AT THE REQUESTED LEASED
1. FRON		
	(Department Name)	
	(Section and/or Unit Name)	
	(FACS Agency Number)	
other than Dep	(Name and Title) (Address)	ith Facility Planning and Control.
	(City/State/Zip)	(Phone #)
3. Curre	ent address of office which will occupy the new space:	
	(Address)	
	(City/State/Zip)	(Phone #)
	(Current Lease Number	(Expiration Date of Current

Lease, if applicable)

4.	Name and address of current lessor, if applicable:		
	(Name)		
	(Address)		
	(City/State/Zip)		
5.	If request is to vacate state-owned space, please ind sq ft	icate the number of square feet currently bein	g occupied: _
Reaso	on present state-owned space is not satisfactory:		
	cating state-owned space to allow others to expand, what i mation as is available, i.e., who will occupy vacated space		ovide as much
	t is possibility of occupying other or additional state-owneding contacts made and results of those contacts.	-	rmation
6. 7.	Date when occupancy of new leased space is requir Name and address of proposed Lessor and Payee (i		
(Less	vor's Company Name)	(Lessor/Payee's Name)	
(Indi	vidual Name, if applicable)	(Lessor/Payee's Address)	
(Less	or's Mailing Address)	(Lessor/Payee's City/State/Zip)	
(Less	eor's City/State/Zip)	(Lessor's Phone #)	
8.	Complete address of requested rental location:		
	(Street Address)	(Year Constructed)	
	(City/State/Zip)		
Is an	y of the requested space located on the ground floor? Yes No		
	If "yes", please indicate on the floor plans, the areas lo	ocated on the ground floor if not already indicated	1.
9. your	List below all locations considered indicating prices agency.	s quotes and reasons each location was not acc	eptable to
Secti	E: Please submit three (3) written proposals with this on 503.B.1. A WRITTEN PROPOSAL LETTER FROMITTED WITH THIS REQUEST AND MUST INDI-	OM THE LESSOR OF THE SITE CHOSEN	

1	0.	TEA	CT	TERN	TC.
	U.	I /H/A	5 E.	IHKN	/15:

		, leave the space			to extend for five (5) addition re required, please indicate b	
	P	rimary term:	years	Option term:	years	
EXPI	LANATION:					
					anitorial services. If these to se indicate below and expla	
	U	tilities:1	No	Janitorial:	No	
EXPI	LANATION:					
	TAL PAYMENTS: cy for the new location		dicate below, the pri	ice per month requested	d by the lessor and agreed to	by the
	\$	per mont	h or annual rental a	mount		
	LESSOR IS TO	QUOTE A MO	NTHLY RENTAL	AMOUNT		
COM	MMENTS:					
C. F	FUNDING:%	Federal _ 6 Stat Ded _	% General I % IAT	Fund% Self	Generated	
D.	Amount budgeted	for rental of space	ce requested: \$		per year	
E.	Total number of pa	arking spaces rec	quired:			
	e	mployees _	clients	state veh	icles	
11.	SPECIAL EQUI	PMENT:				
				ment, structural require al air conditioning, etc.	ements, etc. Specify in detail)	il (i.e. special
					ating the hours of operation r, five-day work week are re	
	Between the hours	ofa	a.m. and	p.m., days po	er week,	
		through _	(day)			
	· · · · ·					
Expla	anation:					

	Number of employees:
	Average number of clients per day, if applicable:
Lesso	or will be required to provide adequate restrooms to meet code requirements based on the number of employees and s.
14. items	<u>COMMUNICATIONS REQUIREMENTS:</u> Questions concerning telephone service or other communications should be addressed to:
	OFFICE OF TELECOMMUNICATIONS MANAGEMENT Customer Service Post Office Box 94280 Baton Rouge, Louisiana 70804-9280 Phone Number: 225/342-1000
ALL	COMPLETED RL-2 FORMS ARE TO BE SUBMITTED TO OTM AT THE ADDRESS LISTED ABOVE
A.	Number of telephone outlet locations (fax, modem, etc.):
B.	Number of main answering station locations (Attendant Consoles):
C.	Number of line monitoring locations (LSI's):
D.	Number of lines monitored per LSI:
E.	Number of telephone company data circuit outlet locations (56k, T-1, etc.):
F.	Number of telephone company fire and/or security alarm circuits:
G.	Number of paging microphone locations:
H.	Number of paging loudspeaker locations:
I.	Number of data terminal outlet locations (PC, printers, etc.):
J.	Number of special data device outlet locations (Blumberg, RS-232, etc.):
K.	Number of radio operator locations:
L.	Number of TV outlet locations (CATV, CCTV, etc.):
XXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
	THE CABLE/WIRE SYSTEM SHALL CONSIST OF ONE OF THE FOLLOWING OPTIONS:
PTIO signat	NA: A duplex voice/data outlet with two (2) RJ45 jacks in a common faceplate, as required by the Lessee at ed workstations, and two (2), four (4)-pair, 24 AWG copper, UTP (Unshielded Twisted Pair) cables.
ne iack	s shall be as specified by the ANSI/EIA/TIA-568-B.2-1 standard, and mounted and connected by an installer certified

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RESTROOMS:

13.

The second cable shall be connected to the data jack and shall be Category 5E or 6 as specified by the ANSI/EIA/TIA-568-B.2-1, and placed and connected by an installer certified with such wiring.

The other end of the cables shall be connected to terminal blocks mounted on the telephone backboard in the communications equipment/wiring room. The voice cable pairs shall be terminated on 66M1-50 terminal blocks. The data cable pairs shall be terminated on 110 type patch panels on a relay rack as specified by the ANSI/EIT/TIA-568-B.2-1 Category 5E or 6 mounted and

connected by an installer certified with such components. Connections, color codes, and pair/pin numbers shall be as indicated in

the Guideline Requirements, Specifications, and Wiring Diagrams.

with such components. The jacks shall come with light-colored, plastic faceplates labeled "VOICE" (top) and "DATA" (bottom).

One cable shall be connected to the voice jack and shall be Category 3 minimum as specified by the ANSI/EIA/TIA-568-B.2-1.

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COMMUNICATIONS REQUIREMENTS (continued):

<u>OPTION B:</u> Simplex voice and simplex data outlets with one (1) RJ11 (or RJ45) jack and one (1) RJ45 jack in separate faceplates, as required by the Lessee at designated workstations, wired with one (1), four (4)-pair (minimum), 24 AWG copper, UTP cable for voice and one (1), four (4)-pair, 24 AWG copper, UTP cable for data.

The voice jacks shall be standard modular telephone jacks. The voice jack faceplates shall be labeled "VOICE." The data jacks shall be Category 5E or 6 as specified by the ANSI/EIA/TIA-568-B.2-1, and mounted and connected by an installer certified with such components. The data jacks shall come with light-colored, plastic faceplates labeled "DATA."

One cable shall be connected to the voice jack and shall be specified by the ANSI/EIA/TIA-568-B.2-1 at a minimum of Category 3 performance. The second cable shall be connected to the data jack and shall be Category 5E or 6 as specified by the ANSI/EIA/TIA-568-B.2-1, and placed and connected by an installer certified with such wiring.

The other end of the cables shall be connected to terminal blocks mounted on the telephone backboard in the communications equipment/wiring room. The voice cable pairs shall be terminated on 66 type terminal blocks. The data cable pairs shall be terminated on 110 type patch panels in a relay rack as specified by the ANSI/EIA/TIA-568-B.2-1 Category 5E or 6, mounted and connected by an installer certified with such components. Connections, color codes, and pair/pin numbers shall be as indicated in the Guideline Requirements, Specifications, and Wiring Diagrams.

nected by an installer certified with such components. Connections, color codes, and pair/pin numbers shall be as indicate Guideline Requirements, Specifications, and Wiring Diagrams.
CABLE/WIRE SYSTEM OPTION(S) SELECTED:
Telephone Equipment Room: $\underline{7} \times \underline{9}$ Equipped with lighting, HVAC, power, plywood sheeted walls, grounding, etc., as outlined in the OTM Guideline Requirements Document.
NOTE: THIS ROOM IS FOR COMMUNICATIONS ONLY! SLOP SINKS, ELECTRICAL PANELS, STORAGE, ETC. SHALL NOT BE ALLOWED IN THIS ROOM.
Incoming Telephone Service:50 pairs of wire minimum No. of Communication Outlet locations:2

15. TOTAL NUMBER OF OCCUPANTS TO BE HOUSED IN SPACE:

List all positions to be housed in the leased space. This list should include all currently filled positions as well as all <u>funded vacant positions</u> which are to be filled along with the expected date the vacancy will be filled. If any of the positions listed are part-time positions which utilize the same space, but at different times, please indicate this next to the employee's name. (i.e. A small clinic may have five (5) doctors, each spending only one day per week at the clinic, each on a different day of the week, and each using the same examining room on his work day. In a situation such as this, indicate each position individually, but list the same room number for each position, and note next to the employee's name that it is a part-time position).

Indicate which of the requested areas each employee will be assigned, using the letter designation (Section 16) of the usable space area and the number assigned to the <u>requested</u> room. (i.e: For an employee assigned to the Reception/Waiting Area(s), the "Room Assigned" would be B.2.a., b., or c.).

<u>CIVIL SERVICE TITLE</u>	EMPLOYEE NAME OR "VACANT"	ROOM <u>ASSIGNED</u>
		_

16. SPACE REQUIREMENTS:

LIST THE TYPE OF ROOMS, SQUARE FEET, AND OTHER INFORMATION AS INDICATED BASED ON THE SPACE ENTITLEMENTS. IF YOU BELIEVE THE REQUIREMENT OF A PARTICULAR SPACE EXCEEDS THE SPACE ENTITLEMENT, SUBMIT JUSTIFICATION FOR THIS ADDITIONAL SPACE.

A.	TOTAL AMOUNT OF SPACE REQUESTED:	sqft
В.	COMMON FUNCTION REQUIREMENTS:	Total sq ft
1.	Kitchen: Equipped with work counter ft. long, with upper and lower cabinets, drawers, and a standard kitchen sink with hot and cold running water, space for full-sized refrigerator, and two (2) 110 volt dedicated outlets for the refrigerator and microwave oven owned by the Lessee.	_ Total sq ft
2.	Reception/Waiting Room(s)	_ Total sq ft
	a. Waiting Area sq ft	
	Average number of people to use this area per day: Average number of people to use this area at any one time:	
	b. Reception Areasq ft	
	Number of employees and Civil Service Title(s) to be housed in this area:	
3.	Conference Room(s)	_ Total sq ft
	a. room(s) @ sq ft = total sq ft	
	Average number of people to use this room per day: Average number of people to use this room at any one time: Average times per week this room will be used: How often will this room be used to its fullest capacity?	
	b. room(s) @ sq ft = total sq ft	
	Average number of people to use this room per day: Average number of people to use this room at any one time: Average times per week this room will be used: How often will this room be used to its fullest capacity?	
•	Storage Room(s)	_ Total sq ft
	List under Comments, items to be stored in this area(s) as well as approximate sizes to be stored in this area(s).	. Also, list any special equipment
	a. room(s) @ sq ft = total sq ft	
	Comments:	
	b. room(s) @ sq ft = total sq ft	
	Comments:	

File Room(s)

5.

${\bf COMMON\,FUNCTION\,REQUIREMENTS\,(continued):}$

a. room(s) @ sq ft =	total sq ft		
Comments:			
b. room(s) @ sq ft =	total sq ft		
Comments:			
Other:		Total sq ft	
List under Comments the purpose of th	nese areas as well as any special e	quipment to be used	in this area.
a. Room Name	# of room(s) @	sq ft =	total sq f
Comments:			
b. Room Name	# of room(s) @	sq ft =	total sq f
Comments:			
c. Room Name	# of room(s) @	sq ft =	total sq f
			total sq f
c. Room Name			total sq f
			total sq f
Comments:	IREMENTS:		
ADMINISTRATIVE AREA REQUI	IREMENTS: total sq ft		
Comments: ADMINISTRATIVE AREA REQUI 1 offices @ sq ft =	IREMENTS: total sq ft total sq ft		
ADMINISTRATIVE AREA REQUI 1 offices @ sq ft = 2 offices @ sq ft =	IREMENTS: total sq ft total sq ft total sq ft		
ADMINISTRATIVE AREA REQUI 1 offices @ sq ft = 2 offices @ sq ft = 3 offices @ sq ft =	IREMENTS: total sq ft total sq ft total sq ft total sq ft		
ADMINISTRATIVE AREA REQUIT 1 offices @ sq ft = 2 offices @ sq ft = 3 offices @ sq ft = 4 offices @ sq ft =	IREMENTS: total sq ft		
ADMINISTRATIVE AREA REQUIDATION 1 offices @ sq ft = 2 offices @ sq ft = 3 offices @ sq ft = 4 offices @ sq ft = 5 offices @ sq ft =	IREMENTS: total sq ft		
Comments:	IREMENTS: total sq ft		
ADMINISTRATIVE AREA REQUIDATION 1 offices @ sq ft = 2 offices @ sq ft = 3 offices @ sq ft = 4 offices @ sq ft = 5 offices @ sq ft = 6 offices @ sq ft = 7 offices @ sq ft =	IREMENTS: total sq ft		
Comments:	IREMENTS:		
Comments: ADMINISTRATIVE AREA REQUIT 1 offices @ sq ft = 2 offices @ sq ft = 3 offices @ sq ft = 4 offices @ sq ft = 5 offices @ sq ft = 6 offices @ sq ft = 7 offices @ sq ft = 8 offices @ sq ft = 9 offices @ sq ft =	IREMENTS: total sq ft total sq ft		
Comments:	IREMENTS:		

_____ Total sq ft

D.	AREAS OF SPECIALIZED FUNC	CTIONS:		Total sq ft
	(Include areas such as data processing mounting requirements, etc. List any in these areas.)			ooms, radio equipment rooms, antenna ents which the Lessor should provide
Type of	1. Room Name f Space and Requirements needed:	# of room(s) @		
Type of	2. Room Name f Space and Requirements needed:			total sq ft
Type of	3. Room Name f Space and Requirements needed:	# of room(s) @	sq ft =	total sq ft
Type of	4. Room Name f Space and Requirements needed:	# of room(s) @	sq ft =	total sq ft
Item N	<u>Comments/Explanat</u>	<u>ions</u>		
	This request must be signed by the available in your department's beg of the budget unit.			
SIGNE	CD:		DATE:	
	ED:(Person in charge of occupy	ing the space)		
I certif	y that funds are available for the ren	ntal of office space at the	above location f	or the listed annual rent.
SIGNE	CD:		DATE:	
I concu	r with this space request.			
SIGNE	CD:		DATE:	
	CD: (Person authorized to sign leases authorization must be on file with	for Department. If other a Facility Planning and C	than the Secreta Control – Real Es	ry/Head of the Department, written tate Leasing Section)